



## Application Data Sheet

### Application Information

Application number:	10/539,918
Filing Date:	February 17, 2006
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CFR:	
Title:	PROCESS FOR THE PREPARATION OF AND CRYSTALLINE FORMS OF OPTICAL ENANTIOMERS OF MODAFINIL
Attorney Docket Number:	CP247(CEPF-0006)
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	N/A
Total Drawing Sheets:	16
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

**Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** France  
**Status:** Full Capacity  
**Given Name:** Olivier  
**Middle Name:**  
**Family Name:** NECKEBROCK  
**Name Suffix:**  
**City of Residence:** Ponteau Combault  
**State or Province of Residence:**  
**Country of Residence:** France  
**Street of mailing address:** 13 rue du Rhinoceros blanc  
**City of mailing address:** Ponteau Combault  
**State or Province of mailing address:**  
**Country of mailing address:** France  
**Postal or Zip Code of mailing address:** 77340

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** France  
**Status:** Full Capacity  
**Given Name:** Pierre  
**Middle Name:**  
**Family Name:** LEPROUST  
**Name Suffix:**  
**City of Residence:** Créteil  
**State or Province of Residence:**  
**Country of Residence:** France  
**Street of mailing address:** 35 bis rue Juliette Savar  
**City of mailing address:** Créteil  
**State or Province of mailing address:**  
**Country of mailing address:** France  
**Postal or Zip Code of mailing address:** 94000

## **Correspondence Information**

**Correspondence Customer No.:** 46347

**Name:**

**Street of Mailing Address:**

**City of Mailing Address:**

**State or Province of Mailing Address:**

**Country of Mailing Address:**

**Postal or Zip Code of Mailing  
Address:**

**Phone number:**

**Fax number:**

## **Representative Information**

**Representative Customer No.:** 46347

## **Domestic Priority Information**

**Application:**      **Continuity Type:**      **Parent Application:**      **Parent Filing Date:**

## **Foreign Priority Information**

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
France	0216412	December 20, 2002	Yes

**Assignee Information**

<b>Assignee name:</b>	Cephalon France
<b>Street of mailing address:</b>	20, rue Charles Martigny
<b>City of mailing address:</b>	Maisons Alfort-Cedex
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	France
<b>Postal or Zip Code of mailing address:</b>	F-94704